

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

IC-1 715 229

SL-30196

-63-003985

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

514

STATE FILE NUMBER

FILED JAN 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST LOUIS

Length of stay in 1b

5 DAYS

c. CITY

ST. LOUIS

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION VET ADM HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 4032 NORTH BROADWAY

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

THOMAS

First

PORTERHOUSE

Last

4. DATE

OF DEATH

Month

JANUARY

Day

14

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-4-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

UNEMPLOYED

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Owensboro, Kentucky

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

THOMAS PORTERHOUSE

13b. MOTHER'S MAIDEN NAME

MATTIE (UNK)

14. NAME OF HUSBAND OR WIFE

MARTHA E. PORTERHOUSE

15. WAS DECEASED EVER IN U.S. ARMED FORCE

(Yes, no, or unknown) (If yes, give war or dates)

Y NO.

17. INFORMANT

Address

MARTHA E. PORTERHOUSE see 2 above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

INFARCTION OF JEJUNUM AND ILEUM

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

POST OPERATIVE JEGUNAL RESECTION OF INFARCTED SEGMENT

DUE TO (c)

450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)...

BILATERAL EARLY PULMONARY EDEMA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOI

PERFORMED ?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA attended this deceased from 1-9-63 to 1-14-63 and last saw him alive on 1-14-63

Death occurred at 7:45 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED

1/15/63

23a. BURIAL CREMATION, REMOVAL

23b. DATE

Jan. 17, 1963

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

CALVIN F. FEUTZ, 4828 Natural Bridge Bl.

25. DATE RECD. BY LOCAL REG.

JAN 17 1963

26. REGISTRAR'S SIGNATURE

Robert B. Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

RATE AMENDED

DOCUMENT

9-11-63: probably due to interobserver

AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Melvin

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.